

## LEARN AND PLAY MONTESSORI SCHOOL

Website: <a href="www.LAPMS.com">www.LAPMS.com</a> Email: <a href="dublin@lapms.com">dublin@lapms.com</a>

11900 Silvergate Drive, Dublin, Ca 94568 Phone: (925) 248-2200 Fax: (925) 905-2424

□ NEW ENR	OLLMENT	☐ RE-ENROLLMENT	□ SCHEDU	LE CHANGE	□TRANSFER	
Full Legal Name of Student:			Date of Birth:			
Gender: Male □	Female □					
Is your child potty-	trained? Yes	☐ No☐ There is additional	\$100 fee per mor	nth for children wh	o are not potty-trained.	
Today's Date		Start Date	Orientation Date			
Application Fee: \$3	300 non-refur	ndable registration and process	sing fee.			
		-refundable materials fees for al Fees will not be prorated.	Preschool. \$350 r	on-refundable ma	terials fee for Advanced	
	Prescl	hool, Kindergarten and Afte	er School Progran	ns (2 to 6 years)		
	8:00 AM – 6		Half-Day (8:30 AM – 11:30 AM)			
☐ 5 days a week (\$1500 monthly)			$\square$ 5 days a week (\$1075 monthly)			
☐ 3 days a week (\$1225 monthly) (MWF) ☐ 2 days a week (\$950 monthly) (TTH)				☐ 3 days a week (\$900 monthly) (MWF)		
□ 2 days a	week (\$950 i	nonthly) (TTH)	□2 da	ys a week (\$750 n	nonthly) (TTH)	
Extended	-Day (8·30 A	M – 2:30 PM)	After	School (11:30 AN	I _ 6:00 PM)	
			After School (11:30 AM $- 6:00$ PM) $\Box$ 5 days a week (\$1050 monthly)			
☐ 5 days a week (\$1225 monthly) ☐ 3 days a week (\$1000 monthly) (MWF) ☐ 2 days a week (\$825 monthly) (TTH)			□ 5 da	iys α week (φ1050	monuny)	
			After School (2:30 PM – 6:00 PM)			
2 days a	Week (\$025 I	101111)		ys a week (\$800 n		
How did you hear a	about Learn A	and Play Montessori School?				
Referred By:						
MOTHER OR GUARDIAN			FATHER OR GUARDIAN			
Name			Name			
Home Address			Home Address			
City	State	Zip	City	State	Zip	
Email Address			Email Address			
Cell Phone	l Phone Carrier (to receive text messages)		Cell Phone	Cell Phone Carr	ier (to receive text messages)	
Alternate Phone Number			Alternate Phone Number			

PAGE 1 OF 2

## School Policies

<b>Start Date:</b> If the child does not start school with Learn and Play Morparent, the child's enrollment will be automatically dropped. The pare the space is available, the parent can re-register but will be required to	nt may choose to proceed with	the enrollment on a different date and if				
Student File: Students file and orientation must be completed before Immunizations. Without a Physician's Report and complete Immunization requires a TB test, parent must provide child's TB clearance.	ations, a child will not be able to	o start and tuition will not be prorated. If a				
Terms of Payment and Returned Payment Fee: Tuition fees are du accept check or Tuition Express. Checks are payable to LAPMS. A \$ Initials						
<i>Late Payment:</i> A late fee of \$25 will be charged for any late paymen submitted and cleared by the 15 <sup>th</sup> of the month. Child's enrollment wing Initials						
<b>Termination:</b> The School reserves the right to terminate the enrollmedue to child's behavior, or if a parent, parents or guardians violate any Initials						
Credits/Refunds: No credit, refund, or make-up days are given for er reserve a space for a child for any reason unless payment is submitted if space is available. If School is shutdown or must close due to circum	for the days of absence, vacation	on, or illness. The child will be re-enrolled				
<b>Before and After Pickup Charges:</b> The School operates from 8:00a picked up per their schedule. A flat fee of \$15 an hour will be charged 6:00pm there will be a \$2 per minute late charge Initials	for early drop off and/or late p					
Holidays and Staff Development Days: The School is closed to all and Winter Break (See School Calendar), New Year's Day, Martin L. Day, and 2 Days in a year for Teacher Training (See School Calendar) will not be prorated Initials	King Day, President's Day, Sp	ring Day, Memorial Day, Independence				
<i>Vacation:</i> A 30-day written notice is required when a child goes on vacation for 10 consecutive business days or more. If you are returning from vacation that is more than two (2) months, the tuition, registration and annual material fee will be required. If tuition is prorated, the school will not reserve space for your child unless tuition is paid for days of absence						
<i>Withdrawal:</i> A 30-day written notice is required to withdraw a child from the School. In case no notice or less than 30-day notice is given in writing to the School, one month's tuition is due. A 30-day notice is required from graduating students <i>Initials</i>						
<i>Medical, Dental And Related Expenses:</i> The School will not be res Ambulance expenses if the child gets injured at school. Parents or Gue expenses <i>Initials</i>						
Incidental Medical Services: You will be given a Plan of Operation Medication Initials	clarifying school procedures in	administration of Epi Pen and Nebulizer				
State Licensing: The state licensing agency has the right to review of the agency may interview a child or parent with or without permission						
I have read, understand, and agree to all of the terms and condition	ons outlined in this contract.	For office use only: Payment Method				
Signature of Parent or Guardian	Date	Start Date Orientation Date				
Signature of Parent or Guardian		Epi PenNebulizer				
Signature of Director	Date	Food Allergies Health Concerns				
PAGE 2 OF 2		Incidental Medicine				

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